

Assessor's Parcel Number: 1319-30-643-038 ptw  
~~42-254-31~~

Recording Requested By:  
Name: MARK Y. UMEDA, ESQ.  
Address: P.O. BOX 162234  
City/State/Zip: SACRAMENTO, CA 95816

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 6 Fee: 19.00  
BK-0209 PG- 7204 RPTT: 0.00



Mail Tax Statements to:  
Name: MOLLY A. PAU-URIBE  
Address: 13397 MCCARTER WAY  
City/State/Zip: GRASS VALLEY, CA 95949

Please complete Affirmation Statement below:

I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that this document submitted for Recording contains the social security number of a person or persons as required by law: \_\_\_\_\_ (state specific law)

Signature (Print name under signature)  
MOLLY A. PAU-URIBE

JOINT TENANT  
Title

AFFIDAVIT - DEATH OF JOINT TENANT

(Title of Document)

If legal description is a metes & bounds description furnish the following information:

Legal description obtained from: GRANT, BARGAIN, SALE DEED (Document Title), Book: 0395 Page: 4753-4754  
Document # 359035 recorded 03/30/1995 (Date) in the Douglas County Recorders Office.

-OR-

If Surveyor, please provide name and address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECORDING REQUESTED BY )  
 AND WHEN RECORDED MAIL TO: )  
 )  
 )  
 MARK Y. UMEDA, ESQ. )  
 LAW OFFICES OF JOEL A. HARRIS )  
 725 30<sup>th</sup> STREET, SUITE 204 )  
 SACRAMENTO, CA 95816 )  
 )  
 MAIL TAX STATEMENTS TO: )  
 )  
 MOLLY A. PAU-URIBE )  
 13397 McCARTER WAY )  
 GRASS VALLEY, CA 95949 )  
 )

**AFFIDAVIT - DEATH OF JOINT TENANT**

**APN: 42-254-31**

STATE OF NEVADA,            }  
                                   **ss.**                    }  
 COUNTY OF DOUGLAS,        }

MOLLY PAU-URIBE, of legal age, being first duly sworn, deposes and says:

That HENRY URIBE, JR., the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as HENRY URIBE, JR., named as one of the parties in the certain Grant, Bargain, Sale Deed dated February 7, 1995, executed by ROBERT W. DUNBAR, Treasurer and Chief Financial Officer of Lakewood Development Inc., a Nevada corporation, to HENRY URIBE, JR. and MOLLY PAU-URIBE, as joint tenants with right of survivorship, recorded as Instrument No. 359035, on March 30, 1995, in Book 0395, Page 4754, of Official Records of Douglas County, Nevada, covering the following legal description described property on Exhibit "A" situated in the City of Lake Tahoe, County of Douglas, State of Nevada:

[SEE ATTACHED DEATH CERTIFICATE HEREIN FOR REFERENCE]

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Dated: February 9, 2009

  
 \_\_\_\_\_  
 MOLLY PAU-URIBE



EXHIBIT "A"

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/50th interest in and to Lot 28 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 1 through 50 (inclusive) as shown on said map; and (B) Unit No. 31 as shown and defined on said map; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe Phase Six recorded December 18, 1990, as Document No. 241238, as amended by Amended Declaration of Annexation of The Ridge Tahoe Phase Six, recorded February 25, 1992, as Document No. 271727, and as described in the Recitation of Easements Affecting The Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest, in Lot 28 only, for one week each year in accordance with said Declarations.

A portion of APN: 42-254-31



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

OFFICE OF THE CLERK-RECORDER  
**COUNTY OF PLACER**  
AUBURN, CALIFORNIA

**CERTIFICATE OF DEATH**

3200631001245

STATE FILE NUMBER		STATE OF CALIFORNIA USE RACE ONLY. NO HISPANIC/WHITE/BLACK OR ALTERATIONS VS 11 REV 1/04		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
HENRY				URIBE, JR	
AKA. ALSO KNOWN AS - Include for AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs	
		02/22/1956		50	
8. BIRTH STATE - FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CA		[REDACTED]-6245		YES NO UNK	
13. EDUCATION - highest level (See instructions on back)		14.15. WAS DECEDENT HISPANIC/LATIN/AMERICAN SPANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
Some College		YES NO		White	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, wholesaler, etc.)		19. YEARS IN OCCUPATION	
Electrical Engineer		Hospital		25	
20. DECEDENT'S RESIDENCE (Street and number or location)		23. ZIP CODE		24. YEARS IN COUNTY	
13397 McCarter Way		95949		16	
21. CITY		22. COUNTY/PROVINCE		25. STATE/FOREIGN COUNTRY	
Grass Valley		Nevada		California	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route, number, city or town, state, ZIP)			
Molly A. Uribe - Wife		13397 McCarter Way, Grass Valley, CA, 95949			
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Middle Initial)	
Molly		Ann		Pau	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
Henry				Uribe	
34. NAME OF MOTHER - FIRST		36. MIDDLE		37. LAST ( Maiden)	
Erma				Monroy	
38. BIRTH STATE		39. BIRTH STATE		38. BIRTH STATE	
CA		CA		CA	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION			
06/03/2006		RES: Wife, Molly Uribe, 13397 McCarter Way, Grass Valley, CA, 95949			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/RES		Not Embalmed			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
Hooper & Weaver Mortuary, Inc.		FD-411		[Signature]	
47. DATE mm/dd/yyyy		48. DATE mm/dd/yyyy			
		06/02/2006cp			
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
SCENE		IP <input type="checkbox"/> ER/ED <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/>		Nursing Home LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other <input checked="" type="checkbox"/>	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
PLACER		HIGHWAY 49 AT LONE STAR ROAD		AUBURN	
107. CAUSE OF DEATH		108. ICD-10 RELATED TO CONDUCTOR		109. ICD-10 RELATED TO CONDUCTOR	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		IMMED		3007494	
MULTIPLE BLUNT-FORCE TRAUMA		110. AUTOPSY PERFORMED?		111. AUTOPSY PERFORMED?	
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		114. IF FEMALE, PRESIDENT'S LAST NAME	
		YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>	
114. CERTAIN THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Dependent Attended Since		[Signature]			
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS ZIP CODE		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS ZIP CODE		119. DATE mm/dd/yyyy	
				05/31/2006	
119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
MANNER OF DEATH: Natural <input checked="" type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>		05/30/2006	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. HOUR (24 Hours)		124. HOUR (24 Hours)	
HIGHWAY		1749			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number or location, and ZIP)			
DECEDENT WAS THE DRIVER OF A MOTORCYCLE THAT CRASHED		HIGHWAY 49 AT LONE STAR ROAD, AUBURN, CA 95603			
126. SIGNATURE OF CORONER/DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
[Signature]		05/31/2006		DARRELL STEINKAUER, DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #		CENSUS TRACT	
A B C D E		34657			

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\*000065287\*

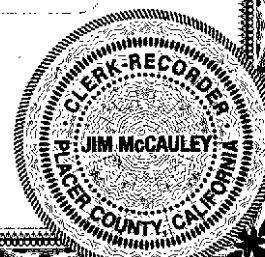
CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF PLACER

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Clerk-Recorder.

DATE ISSUED: **09/26/2007**

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Clerk-Recorder.

*Jim McCauley*  
JIM MCCAULEY  
PLACER COUNTY CLERK-RECORDER





STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF THE CLERK-RECORDER
COUNTY OF PLACER
AUBURN, CALIFORNIA

3052806 100 905
STATE FILE NUMBER

AFFIDAVIT TO AMEND A RECORD
DEATHS AFTER 1-1994
NO ERASURES, WHITEOUTS, OR ALTERATIONS

3200631001245.01
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY. 1. 2. 3.

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD: 1. NAME—FIRST (GIVEN) HENRY, 2. MIDDLE, 3. LAST (FAMILY) URIBE, JR.
ADDITIONAL INFORMATION TO LOCATE RECORD: 4. SEX M, 5. DATE OF EVENT—MM/DD/CCYY 05/30/2006, 6. CITY OF OCCURRENCE Auburn, 7. COUNTY OF OCCURRENCE Placer, 8. FATHER'S NAME AS STATED ON ORIGINAL Henry - Uribe, 9. MOTHER'S NAME AS STATED ON ORIGINAL Erma - Monroy

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

Table with 3 columns: 10. CERTIFICATE ITEM NUMBER, 11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD, 12. INFORMATION AS IT SHOULD APPEAR. Includes items 40 and 41.

REASON FOR CORRECTION: 13. Family changed disposition.

AFFIDAVITS AND SIGNATURES: We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

Signature fields for two persons: 14. SIGNATURE OF FIRST PERSON, 15. TITLE/RELATIONSHIP TO PERSON IN PART I, 16. DATE SIGNED—MM/DD/CCYY, 17. AGE, 18. ADDRESS (STREET, CITY, STATE, ZIP), 19. SIGNATURE OF SECOND PERSON, 20. TITLE/RELATIONSHIP TO PERSON IN PART I, 21. DATE SIGNED—MM/DD/CCYY, 22. AGE, 23. ADDRESS (STREET, CITY, STATE, ZIP).

STATE/LOCAL REGISTRAR USE ONLY: 24. SIGNATURE OF STATE OR LOCAL REGISTRAR OFFICE OF VITAL RECORDS, 25. DATE ACCEPTED FOR REGISTRATION—MM/DD CCYY 12/19/2006

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

Barcode, BK- 0209, PG- 7209, 0738693 Page: 6 Of 6 02/27/2009

\* 000065291 \* CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF PLACER

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Jim McCauley
JIM MCCAULEY
PLACER COUNTY CLERK-RECORDER

